## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless corrects maintenance fee notifical   | correspondence includir<br>ed below or directed oth     | or transmitting the ISSU<br>og the Patent, advance o<br>herwise in Block 1, by (a | rders and notification of ration a) specifying a new corres   | maintenance fees will be<br>spondence address; and/   | e mailed to the current<br>or (b) indicating a sep | hould be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for  |  |
|---|---|---|---|---|--|---|--|
| CURRENT CORRESPONDI   | ENCE ADDRESS (Note: Use Bl                              | ock I for any change of address)  | Fee(  | (s) Transmittal. This cert  | tificate cannot be used<br>er, such as an assignme | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must                                    |  |
| CESARI AND<br>88 BLACK FAL<br>BOSTON, MA (  | MCKENNA, LL<br>CON AVENUE                               | /2007<br>P  |   | Certifica   | te of Mailing or Trans                             | mission via EFS-WE g deposited with the United st class mail in an envelope above, or being faesimile date indicated below. |  |
|   |   |   | Me  | erisa Jakupov   | ic   | (Depositor's name)  |  |
|   |   |   | U   |   | movie-   | (Signature)   |  |
|   |   |   | Fe  | ebruary 14, 20  | 008  | (Date)  |  |
| APPLICATION NO.   | FILING DATE   |   | FIRST NAMED INVENTOR  | АТТ   | ORNEY DOCKET NO.                                   | CONFIRMATION NO.  |  |
| 10/775,877  | 10/775,877 02/10/2004                                   |   | John Galen Scudder  | dder 112025-0541  |  | 1162  |  |
| APPLN, TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE FEE  | TOTAL FEE(S) DUE                                   | DATE DUE  |  |
|   | NO NO   | \$1440  | \$300   | \$0   | \$1740   | 02/14/2008  |  |
| nonprovisional<br>EXAM  |   | ART UNIT  | CLASS-SUBCLASS  | 3 <sup>0</sup>  | \$1740   | 02/14/2008  |  |
| <u></u>   |   | 2619  |   |   |  |   |  |
| SAM, F  |   |   | 370-242000  | estant front naga liet  |  |   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  \[ \sum_{\text{Address}} Change of correspondence address (or Change of Correspondence Address Correspondence Address Correspondence Address Correspondence Address Correspondence Address Correspondence |   |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  |   |  |   |  |
| Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |   | 2 registered patent atto  | 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is isted, no name will be printed. |  |   |  |
| 3. ASSIGNEE NAME A  | ND RESIDENCE DATA                                       | A TO BE PRINTED ON  | THE PATENT (print or type   | pe)   |  |   |  |
| PLEASE NOTE: Unl recordation as set fort  | less an assignee is ident<br>h in 37 CFR 3.11. Com      | ified below, no assignee pletion of this form is NO                               | data will appear on the p<br>or a substitute for filing an  | atent. If an assignee is assignment.  | identified below, the o                            | locument has been filed for   |  |
| (A) NAME OF ASSIG   | GNEE  |   | (B) RESIDENCE: (CITY  | (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |  |   |  |
| Cisco Techno  | ology, Inc.   |   | San Jose, CA  |   |  |   |  |
| Please check the appropr  | riate assignee category or                              | categories (will not be p   | orinted on the patent):   | Individual 🛣 Corpora  | ation or other private gr                          | oup entity Government   |  |
|   | are submitted:  No small entity discount p  # of Copies | permitted)  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1237 (enclose an extra copy of this form). |   |  |   |  |
| • • •   | s SMALL ENTITY state                                    | us. See 37 CFR 1.27.  | ☐ b. Applicant is no lon  | -   |  |   |  |
| NOTE: The Issue Fee an interest as shown by the   | d Publication Fee (if req<br>records of the United Sta  | uired) will not be accepte<br>tes Patent and Trademarl                            | ed from anyone other than t<br>k Office.  | the applicant; a registere  | d attorney or agent; or t                          | he assignee or other party in   |  |
| Authorized Signature  | () 1/2  | Sell-   |   |   | ry 14, 2008  |   |  |
| Typed or printed nam  | James A.  | Blanchette  |   | Registration No   | 51,477   |   |  |
| This collection of inform   | nation is required by 27.0                              | TED 1 211 The informati   | ion is required to obtain or  | ratain a hanafit by the nu  | blic which is to file (an                          | d by the LISPTO to process  |  |

Inis collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.